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DIVISION OF REHABILITATION COUNSELING

American Personnel and Guidance Association

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INVENTION AND DISCOVERY: ALTERNATIVE APPROACHES TO OCCUPATIONAL INFORMATION

Sidney A. Fine

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(This paper was presented at Boulder, Colorado, on December 9, 1960, at a conference of rehabilitation counselor trainers and state vocational rehabilitation directors. Mr. Fine, one of the architects of the USES functional occupational classification structure, offers these prefatory remarks: "The observations in this paper are based on research carried out by the author while at USES, currently being continued by him, and intended for definite formulation at a later date.")

Occupational information for vocational counseling has over the years attempted to set up equations between the demands of jobs and the relevant potential of workers. The inadequacy of classification systems has been traced to their failure to include information about aptitudes, interests, temperaments, and the like. Recent work I have been associated with at the United States Employment Service, which attempts to include such information about jobs, has been criticized as inadequate because it does not include needs as a factor.

Professor Anne Roe in her book, and in her address at this conference, stresses the importance of needs in the psychosocial dynamics of occupational information particularly as it relates to the vocationally handicapped in need of rehabilitation. She states, and I agree, that "In our society there is no single factor in a man's life which is so intimately related to the availability of the means for satisfying so many of these needs as the occupation is." She then suggests that "analysis of the individual in terms of his present and changing need patterns, and of job situations in terms of the kinds of need satisfactions

they offer may advance rehabilitation further than analysis of physical capacities and physical qualifications." While this sounds as though Professor Roe is calling for the addition of a need factor to the individual and job profiles, it seems to me she recognizes the non-feasibility of such an endeavor when she says "the same job may offer different satisfactions to different people, but this just means that all are possible in the job and one kind is more important to one person than the other kind is."

This concern with needs is a relatively new statement of the problem in regard to occupational information and its role in counseling. In the past the problem has been stated in terms of developing information about jobs that showed where education, aptitude, and physical qualifications of individuals could be differentially matched with unique patterns of job requirements. More recently, temperaments and interests have been added to the qualifications that should be matched and new techniques are being sought to develop such information about jobs. Now needs are being suggested as a further factor for differential matching.

I am, myself, disillusioned with this analytical pursuit for more detailed, specific, discriminating information about jobs and with the whole idea of matching. I believe it a mistake to think that needs can be added to the analysis. I have become convinced that this approach is based on an erroneous concept of what a job is and that this erroneous concept is the root source for the failure of occupational information to be effectively integrated into the counseling curriculum and into counseling practice. The concept of a job to which I refer is one which views it as a specific thing, something titled and coded in the Dictionary of Occupational Titles, involving a set pattern of tasks, duties, and obligations performed by a given individual, having specific requirements for certain worker qualifications in order that it be performed successfully. The world of work is viewed as a sort

of terrain having a finite number of jobs, the problem being to look hard enough, locate all of them, classify them according to worker characteristics, and then match individuals to them.

This, it seems to me, is a basic impression counselors get from courses in occupational information loaded with weeks of study of the Dictionary. Occupational Outlook, and other similar sources of information. This impression is reinforced by a parallel approach in courses on Analysis of the Individual. Is it any wonder that counselors fail to absorb this overwhelming catalogue which in the final analysis makes library clerks and test technicians out of them? The current emphasis on emotional and sociological factors, I believe, is in part a reaction against this technical matching process which has not really been operational. It is a manifestation of Festinger's cognitive dissonance within the profession; counselors as a whole seem never to have cottoned to the idea except in the area of aptitude matching, the limitations of which have nearly always been evident. Beyond that, they have never been equipped with adequate tools of individual analysis to carry out the matching process. Hence, they have sought to reduce this dissonant situation by swinging away from vocational counseling to personality counseling. Now the swing is back to vocational counseling and with it comes the emphasis on emotional and need factors as part of the profile for matching purposes. I suggest that this is not a solution to our problem of more effective vocational and rehabilitation counseling. Rather, we must restate the problem entirely on the basis of a revised concept of what a job is. I propose in my comments to redefine the concept "job" and then explore its practical consequences in relation to the contrasting notions of Discovery vs. Invention.

I refer to a job as a job-worker situation. A job-worker situation is a behavior situation involving an interaction among three parameters: what a worker does, what he knows and what needs to get done. Each of these parameters has Things, Data, and People character-

istics. The job-worker situation is continuous with other behavior situations such as school and play, although structured in its own unique way. Like other behavior situations, it is embedded in a socio-economic context, more specifically an Economic and Social Situation. The accompanying chart (on pages 134-135) illustrates what I mean and will help illustrate why I believe the issue for counselors, with regard to occupational information, is Discovery or Invention.

By Discovery I mean engaging in a hunt or finding operation for a place or thing that is "known" to exist, using various techniques (maps, measuring instruments, etc.) in order to get there.

By Invention I mean defining the problem in terms of relevant parameters, hypothesizing alternative solutions, designing a particular final solution, testing it out, and getting enough feed-back from the test to improve the solution and possibly throw light on the other alternatives.

1. Needs: The first meaning of the difference between Discovery and Invention as applied to Occupational Information, can be seen in how Needs are met in the work situation. Needs are met by a total work situation, not by a job-worker situation alone. I have organized the chart to correspond to Maslow's hierarchy of needs, which is Professor Roe's point of departure. It also reflects the Personnel Function or Personnel Responsibility, either formally or informally.

I have placed the Economic factors relating to security needs on the outermost circle because usually they are the main talking points about jobs; formal, contractual, institutional. They touch every individual consciously; they figure most conspicuously in employment interviews. For many workers, the real positive interest in the so-called job doesn't really go beyond this circle of involvement, which relates to their basic physical and security needs.

The middle circle denotes the Social situation in which the worker may find satisfaction for his interpersonal needs of belongingness, importance, self-esteem, respect, etc. While there are some formal means for satisfying these needs, probably the most important satisfiers are in informal organizational groups such as the coffee group, the social and recreational cliques, etc. This may depend on formal status in the organization, but not entirely. Formal status determines with whom the individual will associate, just as his place of residence determines who his neighbors are. Beyond that, he is on his own. For many workers this circle may be the limit of their interest, need and motivation.

The inner circle is the job-worker situation potentially most indicative of the area of self-realization but actually existing as such only in limited fashion. This is the area of actual job-activity, the reason for it all, the "what needs to be done" that has specifically brought the individual to the "what he needs to do." This center of activity calls for functional skills in the areas of Things, Data, and People, and can involve the worker in the dynamics of meeting specific challenges in the form of standards. If the job-worker situation involves him as a total individual, if there is a fine balance between what the worker does, what needs to be done, and what he needs to know, then there occurs self-realization as represented by productivity, training, meeting and proposing standards, achievement, etc. If there is no balance, if the worker is cut off from relating to standards, achievement, initiative, and thus effectively using himself, then the job-worker situation becomes merely a set of obligations he minimally satisfies with an underlying sense of frustration or dissonance. The job-worker situation, as such, means little to him; it is merely the occasion for seeking his satisfactions in the situations indicated on the outer two circles.

If the picture I have drawn is substantially correct, and I believe it is confirmed by research in the per-

sonnel field, you can see why attempting to "discover" through more intensive job analysis and thereupon add needs as a specific factor to a job profile is not likely to succeed. Rather the problem is one of "invention," of simply understanding that need is a parameter cutting across a total job and employment situation, and the problem of the counselor is to understand how a given placement, in different ways and for different people, can be made to serve their needs.

2. Task of Counselor: The chart also helps explain the difference between Discovery and Invention as it applies to the task of the counselor, particularly the rehabilitation counselor. If a job were a static fixed thing represented by the typical job specification developed through many current job analysis techniques, his task would be the rather systematic compiling of profile data for the counselee and matching it to the specification. But as you can see from the chart, a job-worker situation occurs in a very dynamic context. The same job-worker situation can have significant variations depending on the overall employment situation. Can a rehabilitation counselor really "discover" the job that suits the total dynamics of his client, his need structure, his aptitudes, temperaments, physical capacities, etc.? Of course not! The good counselor inevitably must do a job of human engineering to some degree, often both physical and social, if he is to carry out his function. And even when the counselor is "through," the client just begins, and further reshaping and "invention" occur. Good counseling, I suspect, will leave room for this further invention on the part of the client. Incidentally, if we are looking for something stable in the world of work, the economic and social situation probably is more stable in the long run than the job-worker situation. It is in the interest of management to make the overall situation as stable as possible because it contributes to a cohesive and stable work force in which turnover is minimized and the possibility for productivity maximized. The job-worker situation is where technological changes on the one hand and po-

tential growth of the worker are constant stimuli for instability.

My first examples of the Discovery vs. Invention conception in occupational information serve first to show the extensive ways in which overall work situations meet the needs of individuals and secondly, why current sources of occupational information fail to meet the real needs of counselors. My other illustrations can be more briefly stated.

3. Attitude toward Counselee: If your approach is one of Discovery, your attitude toward your client tends to be one of sympathy rather than empathy. He is less than "normal" and you must find out how much less in what respect so that you can fit him to the less than "normal" job. You are performing an act of succor and social welfare for the client--not really anything for yourself.

If your approach is one of Invention, your attitude toward the client tends to be one of empathy. The challenge is as much to you as it is to the client. Every effective placement is a mutually creative act. In fact, the approach of Invention is the same toward every placement, rehabilitation or otherwise. The less opportunity for Invention there is in placement or on the job, the less vocational counseling really matters or is needed. Possibly the less suited the job is for a person at all.

4. Role of Counselee: Discovery places the counselee in a passive, non-participating role in the vocational guidance process. He is an object of analysis and study from which is to be derived a pattern or profile. The job similarly is regarded as a fixed entity accepting or rejecting the profile potential. Lost in the process is the infinite variety, drive, and possibility for change. Lost also is the particular individual and his particular problems.

Invention keeps its focus on the individual and his

problem, involving him every step of the way in developing a vocational plan. It uses objective information about him to help formulate opportunities in fields of work and to verify possibilities. Limiting factors in jobs are often merely obstacles to be overcome by redesign or reeducation both of counselee and employer. Here the counselee is an active participant in the counseling process.

In setting up the opposition between Discovery and Invention, I have probably oversimplified most actual counseling situations. I have done so deliberately, however, in order to highlight the role of certain aspects of occupational information in the counseling process and to suggest a correction for a defect in the counseling curriculum. The question is: How can occupational information be taught so that it contributes to Invention rather than as it tends to be taught today, as a means to Discovery?

I cannot here provide a detailed answer to this question. However, I would like to sketch its outlines. Some of this has been built into our approach to a revision of the Dictionary of Occupational Titles.

First of all, the counselor needs to understand work as an expression and projection of human need and propensity. I have already indicated how the overall work situation in its different aspects reflects the hierarchy of needs. These do not particularly relate to specific jobs but rather to the overall job and employment situation. Secondly, it is necessary to understand how the particular job-worker situations get involved with Things, Data and People in various combinations and patterns. Depending on the relative strength of one or another of these involvements, different kinds of traits seem to come into play. For example, Things jobs tend to make greater demands on physical factors, Data jobs on mental factors. Thirdly, the functional level of jobs not only seems to affect the amounts of aptitudes but the kinds and intensity of interests and tempera-

ments. Thus, jobs of low functional level demand adjustments to repetitive, short-cycle tasks and following specific instructions. Jobs of higher functional level seem more commonly to require adjustments to variety and change and making evaluations or judgments according to sensory or judgmental criteria. Fourthly, the counselor must learn to see the continuity of work behavior with behavior in school, leisure, social, and other situations. The functional requirements of all of these have much in common and can shed much light on the possibility of the individual to accommodate to specific work situations.

Counselors acquiring such understanding of the world of work will find that occupational information, like personality theory, will integrate with the whole curriculum, and not be just a catalogue of source information dealt with in a separate course. It will provide a frame of reference for determining: a) the direction of the counselee with reference to Things, Data, and People, b) his functional level potential in these areas, and c) his capacities for accommodation.

Not least of all, when the counselor and counselee examine descriptions of groups of jobs and even specific jobs that become part of a vocational plan, they will not have to accept these as prescriptions, but rather as starting points for exploring and clarifying the counselee's self concept. They are not end results--Discoveries; they are beginnings for Invention.

I have suggested that occupational information must first be assimilated as an essential to the counseling process, as an essential in building a relationship with the client, before it can be communicated to him. The client needs the relationship in order to be able to assimilate the information. In conclusion I would like to refer to the implications of the approach I have taken for the rehabilitation counselor's self concept and sense of adequacy.

It is often stated that the rehabilitation coun-

selor is an "expert in applied vocational psychology." Yet we learn (from Preliminary Seminars on Curriculum Development for Rehabilitation Counselor Training Programs, San Francisco State College) that of the three levels of counseling, "cognitive rehabilitation counseling," better known as vocational counseling, and recognized as the "bread and butter function," is nevertheless not valued very highly. It is regarded well below psychotherapy but higher than employment interviewing. As a result, it is reported, there is a flight of able graduates to the "higher ground of psychotherapy." The same source emphasizes that rehabilitation counselors are "least sophisticated in the area of vocational analysis."

To me this is an example of the self-fulfilling prophecy of which "As you have sown so shall you reap" is an earlier expression. Clearly the rehabilitation counselor will not become the "expert" he should be so long as to him this means something less than what he wishes to identify with. This is confirmed by the inadequate treatment of occupational information in the curriculum.

Rehabilitation counselors need to develop a more sophisticated view of the various "levels" of their profession. The very nature of a profession, whether it is the medical, legal, or engineering profession, is that its practitioners range through the entire gamut of activities, from high to low functions, that its principles and practices entail. Electrical engineers solder connections, doctors conduct routine physicals, and lawyers do their own checking of precedents. Partly they do this because only by getting into the apparently more routinized and technologically set aspects of their profession do they obtain necessary insights as to why some of their previous solutions to problems, or even their very statements of them, have been quite inadequate. In other words, they cannot depend on simple discovery; they must invent; they must question the very paths they have formerly followed. To researchers in any of these fields,

this, of course, is old hat.

The true problem for the rehabilitation counselor is not how to digest information about jobs as such to implement counseling and placement aspects of his work; rather it is to comprehend the parameters of jobs and use them as another means to comprehend the nature and uses of the self, i. e., how people function and how they use their potential. This is the area of the rehabilitation counselor's expertness and where he can make his special contribution. This is what he must look for in occupational information and the way it needs to be taught.

THE "UNMOTIVATED" CLIENT

Daniel Sinick

Associate Professor, San Francisco State College

(This is the outline of a talk presented at Denver, Colorado, on March 27, 1961, at the annual convention of the American Personnel and Guidance Association.)

All clients are motivated. "Lack of motivation" is a wastebasket into which are tossed many clients who have drives and aspirations different from the expected ones, or have various reasons for seeming unmotivated. Some of these reasons are here enumerated.

1. Involuntary referral. A client told he must report for services may have as little initial motivation as any draftee.
2. Inappropriate referral. A client referred for services he doesn't need isn't likely to be highly motivated toward such services.
3. Inadequate preparation for referral. When the referring person fails to prepare a client for services to be rendered, he may thereby be rendered "unmotivated."

4. Ignorance of agency's services. A client lacks a counselor's knowledge of an agency; it's hard to be motivated toward something you don't know enough about.
5. Impersonal intake process. A cold receptionist and an eligibility-oriented intake worker can dampen many a client's enthusiasm.
6. Fear of monetary loss. A client suffers the torment of Hamlet when he must choose between the tangible benefits of workmen's or other compensation and the promised rewards of rehabilitation.
7. Fear of losing time. Since rehabilitation cannot be guaranteed, a client may be wise to reckon his investment of time in the process.
8. Fear of losing dependence. The secondary gain afforded by psychological sustenance is often harder to give up than financial support.
9. Fear of losing independence. Offering oneself up on the counselor's alter is not a pleasant prospect for one desirous of self-sufficiency.
10. Reluctance to admit need for help. Even without the prospect of losing independence, seeking assistance strikes some as a blow to their self-esteem.
11. Ambivalence. Mixed feelings about rehabilitative prospects may be appropriate, though not immediately "motivating."
12. Decision-making difficulties. The many decisions made for a client by medical and other personnel may have created or aggravated these difficulties.
13. Wanting to be like others. This is the positive side of what is too often negatively seen as "denial of illness."

14. Reluctance to confront one's own problems. A client can hardly be expected to differ greatly in this respect from most other people, counselors included.
15. Reluctance to expose oneself to another person. "Confidentiality" is only derivative recognition of the basically private nature of client communications.
16. Difficulty in verbalizing. A client who cannot engage easily in the highly verbal counseling process is not necessarily unmotivated.
17. Difficulty in communicating. Words cannot always cross the chasm created by emotional erosion. (This is an example.)
18. Fear of lack of understanding. A client may well dread being misunderstood by a counselor different in sex, age, physique, mentality, social class, subculture, or in other perceived ways.
19. Actual lack of understanding. A counselor may misunderstand a client because of the differences mentioned and many others, such as values and need hierarchies.
20. Transference effect. A client may see a counselor as the incarnation of an earlier incubus.
21. Realistic dislike for counselor. A client may be no different from a co-worker in this respect.
22. Countertransference. A counselor may see a client as an enemy within the gates.
23. Dislike of client by counselor. Such an antipathy may be antiseptic only in making the relationship sterile.
24. Disagreement with counselor. A client who doesn't "go along" with a counselor's plans for him may be motivated indeed.

25. Client individuality insulted. Routine treatment does not dig the roots of motivation.
26. Counseling pace too rapid. A client may seem to be hanging back when he simply can't keep up.
27. Client persistence vs. counselor patience. A counselor who blames a client for lack of perseverance may himself lack patience.
28. Low energy level or fatigue. The seemingly "resistant client may lack the counselor's "get-up-and-go."
29. Temporary physical or mental discomfort. A client who just had a "GI" series or who missed breakfast and a bus in keeping his appointment may appear less than motivated.
30. Period of mourning still on. A client who has not yet recovered from his loss needs time to climb out of the depths of his despair.
31. Exaggeration of disability's limitations. Every client cannot readily share the counselor's minimizing of the negative aspects of disability and accentuation of the positive.
32. Generalized feelings of inadequacy. A disability is frequently blown up to include the total self-concept as impaired.
33. Fear of repetition of previous failures. When a client's whole history is full of failures and frustrations, he may well expect history to repeat itself.

When a counselor understands how such underlying factors as those listed come into play with particular clients, he less frequently labels clients "lacking in motivation." By responding to the inner drives of seemingly unresponsive and "unmotivated" clients, a counselor can help to move forward many who would otherwise be cast aside.

WHY WORK SAMPLES?

Dale C. Williamson

**District Supervisor, State Vocational Rehabilitation
Service, San Jose, California**

Why do state agencies like mine, as well as other community agencies, refer an increasing number of clients for work sampling? Generally, agencies refer their most difficult clients for this service. They refer those clients whose problems are so complex that they cannot be evaluated through the interview and standard psychological testing.

I asked my staff why they refer clients for work samples rather than using psychological testing. The reasons involved situations like these:

1. A client who could not be evaluated validly by standardized tests because he did not read or write English.
2. A client who was still a patient in a State mental hospital and who the counselor felt was too disturbed to expect standard vocational aptitude tests to give a valid measure of her potential.
3. Discrepancies in a case evaluation. A client with a long, successful work history in manual mechanical work and whose aptitude test scores all fall in the lowest quartile.
4. For clients whose anxiety is further provoked by a psychological testing situation.
5. A client whose disability might preclude the use of tests. For example, a young, blind man with limited formal education.
6. Where the need is to measure physical capacity over a sustained period of time.

Some other more general reasons often given are:
1) Work samples give confidence to an insecure client, while tests might make him feel more inadequate. 2) Work samples are more easily interpreted by employers and other non-professionals whose help we are soliciting on behalf of our clients. 3) Employers often find work samples to be much more applicable to their needs. 4) Work samples elicit job ideas from the non-verbal client or the client who has difficulty relating test information to work history or schooling in deciding on a new occupation.

These are some of the major reasons we use work samples and are some of the benefits which we must continually help non-users understand. The social worker, state agency counselor, or school counselor in a rural area isolated from contact with such services must be reached as well as many of our staff members in metropolitan agencies. This is our job as administrators of agencies, but is also a demand the staff of the work sample agencies must begin to meet.

The work evaluators must reach out to all the personnel in the community who can use their program and let them know what it can do. It is not enough to sell the administrators of the programs, but the counselor or social worker must have this knowledge as part of his working tools. An administrator of a state agency office or a county welfare supervisor can knock himself out attempting to help his staff become aware of a given work sample program. But it is the counselor or social worker who must develop it in a plan for the given client, and it must begin to pay off in terms of reality or they will begin to use some other approach to answer their client's problems. I mention reality because I think it is vital that work evaluators keep aware of the occupational demands of their community in order to come up with the type of evaluation which will be useful to the using agency. If possible, we should have current validation against occupational requirements in a local community.

I would like to raise two questions about work samples. Are work samples giving us a valid measure of our client's ability to relate to fellow workers and supervision? This is one of the most important reasons for job retention. In many cases they can. In others it will be necessary to move the client from work samples to a work adjustment program in sheltered employment in order to help him with social or personal problems which would interfere with vocational adjustment.

Accepting the theory that work samples are generally more closely related to job demands than psychological tests, are they also more predictive of our client's ability to learn a given occupation? Are the samples standardized adequately as predictive tools of learning ability or are these predictions primarily judgments of the evaluators? Are the work samples adequately standardized to give us this type of information?

As long as work samples continue to be validated against current job demands, realistically related to community needs, and adequately interpreted to using agencies with honest evaluations of their capability and limitations, there will be an ever-increasing demand for them. All we have to do is recall the problems of the vocational rehabilitation counselor in this area just half a decade ago. He was attempting to help a given client to make a satisfactory vocational adjustment. He was convinced that the client had vocational potential, but because of the nature of the client's problems was unable to measure any capabilities that could be utilized through the then available techniques of interviews and psychological testing. I remember hearing over and over again: "If I only had an opportunity to place this client on different jobs to test his abilities, I know I could find skills which would enable me to sell him to an employer." The only alternative was to place him on a job. If it didn't work out, place him again, all the while playing havoc with your employer relationships.

New we have all types of opportunities to evaluate our disabled clients in work samples and work evaluations. As they are realistic, we have factual evidence to show an employer in language he understands. If the job has been well done, the client sticks and we have a happy employer.

As an old-time counselor, I say: "God bless work samples and work evaluations, and I only wish they had been around when I was working as a counselor."

WORK EVALUATION--WHICH NORMS?

Sol Feingold

Rehabilitation Counselor, United Cerebral Palsy
of Queens, Jamaica, New York

The thesis of this article is that the vocational evaluation of the cerebral palsied adult is not based on a sound foundation. Exception is taken to the use of industrial norms in such a program. This procedure is not conducive to maximum vocational rehabilitation for the following reasons:

1. It assumes that sheltered workshop employment is a clearly defined entity. Experience shows us that this is not a valid assumption.
2. It confuses the functions and goals of a personal adjustment training program and a vocational training program with those of a vocational evaluation program.
3. It does not give the cerebral palsied client the best possible chance to succeed in his first contact with a work situation. Too often it forces the client to face failure and discouragement when he expects, and should be getting, the very opposite conditions.

Concern with the vocational evaluation of the cerebral palsied adult has mounted steadily in recent years. Work classification and evaluation projects

have been started in many sections of the country. The growing emphasis on this phase of the vocational rehabilitation process raises a basic issue which confronts us at this time. Put in the form of a question, the issue becomes, "evaluated against what?" How is this question being answered?

A fairly common reply is that the cerebral palsied adult should be evaluated against the industrial community. Therefore, many work evaluation projects utilize industrial norms exclusively as a standard against which to compare the evaluatee. Other programs apparently are content to use no quantitative norms of any type. These latter programs prefer to make subjective judgments regarding the vocational potential of the cerebral palsied adult. At the United Cerebral Palsy of Queens the issue has been resolved in another manner. The vocational evaluation unit at this agency makes use of two separate standards, namely, industrial and workshop. Thus on every evaluation task there is a quantitative norm for comparison with industry as well as a quantitative norm for comparison with workshop performance. It was found that the workshop norms provided more fruitful information for vocational planning than did the industrial norms.

There can be no quarrel with the use of quantitative norms for the purpose of evaluating the individual's performance and vocational potential. However, too little concern is being shown in regard to the theoretical foundation for these important standards. Rehabilitation counselors and evaluation supervisors should be questioning the validity of utilizing industrial standards in a work evaluation program. It appears that our present frame of reference has to be changed in some way. What form should this modification take?

This writer believes that an individual who is being evaluated vocationally should be compared to other

individuals with a similar disability. The evaluation, in this view, then becomes a true appraisal of the client's vocational potential rather than a test of the client's ability to compare with the industrial worker. If this approach is used, then the client who is being evaluated would be competing with other disabled individuals rather than with the non-disabled population. The exclusive use of industrial norms does not allow the subsequent recommendations to be specific enough. Consequently, if a cerebral palsied adult does not measure up to the industrial standards, the most usual recommendation is for sheltered workshop employment. But, this procedure assumes that all workshops have identical programs and admission policies. Since this is clearly not the case, many cerebral palsied adults are not admitted to a particular workshop even though this may be the recommendation of the evaluating agency. It is unavoidable that resentment on the part of the client results since he was recommended for workshop employment. It is our opinion that such a situation can be avoided by using quantitative workshop norms instead of industrial norms in a vocational evaluation program.

Therefore, exclusive use of workshop norms as opposed to industrial norms is strongly urged. If such a procedure is followed, then an individual who cannot reach the standard would be judged unsuitable for both industry and sheltered workshop. To state it another way, an evaluation should attempt to screen out both the extremely minimal worker and the extremely capable worker. If workshop norms alone are utilized in the evaluation, then those clients who surpass the standards would go on to a personal adjustment training program and/or a vocational training program in a sheltered workshop. Realistically, it is in these latter programs that the need to evaluate against the non-disabled population should be the important factor. In the personal adjustment training program and the vocational training program the primary goal is to develop skills which will enable

the client to become employed either in outside industry or in the sheltered workshop. This should not be the goal of a vocational evaluation program. The fact that in too many evaluation projects it is the primary concern is indeed unfortunate. It is time to change this outmoded concept and revise our thinking. Essentially, we are asking that the level of our workshops be raised in a uniform manner. We can accomplish the same objective by developing co-existing workshop programs whose focus would be on the less productive worker. Either way the net result would be that a larger number of cerebral palsied adults could be serviced in our rehabilitation agencies.

There is still another consideration which is generally overlooked in the vocational evaluation of the cerebral palsied. It is commonly accepted that for a large number of cerebral palsied adults their first real success is achieved when they reach a rehabilitation setting. But, by putting them into a vocational evaluation situation where they are competing once again with the non-disabled population, we are apt to be robbing them of the chance for a successful experience. A client's first contact with a stimulated work situation can be extremely threatening. At that point he should be receiving a great deal of encouragement as well as being given the fullest opportunity to achieve the highest degree of success which he can reach. Instead, we may be forcing the client to face further failure and discouragement. As a consequence, he often comes away from the evaluation with the feeling that he was never given the opportunity to make good. In too many cases that is exactly what has happened due to the error of dependence on industrial norms. The disaster which can result from such an experience has been observed by many rehabilitation workers. We must do all we can to prevent such an occurrence. This is our obligation to the client and our responsibility to the community at large.

It is our strong conviction that vocational evaluation programs should be modified along the lines presented above. Failure to do so may very well result in a disservice to a large segment of the cerebral palsied population.

VOCATIONAL INTERESTS OF PSYCHIATRIC PATIENTS

Stephen Jon Golburgh
Instructor in Psychology and Guidance
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There exists a working assumption among some vocational psychologists that psychotic patients tend to have inventoried interests significantly different from those of normal subjects. Various studies have reported contradictory evidence. Part of the reason for such disagreement may lie in the fact that the samples used have been quite small and patients have not been differentiated into types of psychosis.

In vocational counseling practice it would seem important to know if psychotic patients do score in a manner that is significantly different from normal subjects. If psychotic subjects as a group score differently or if a particular type of psychosis is characterized by significantly different scores, the counselor is in a better position to know what to expect in studying scores and what meaning to attribute to particular psychometric results. He is provided with a further frame of reference for the evaluation of the individual profile. A high or low score may not have the same meaning for members of a group which characteristically scores in this manner.

The study reported in this paper investigated the vocational interests of four types of psychotic subjects to determine if they differed significantly from a normative group of non-psychotic subjects. The types of psychotic patients studied were: 1) schizophrenic reaction, catatonic type; 2) manic depressive

reaction, depressed type; 3) schizophrenic reaction, paranoid type; and 4) schizophrenic reaction, schizoaffective type. The study also determined the relationships between the vocational interests of the total psychotic group and the variables of age, education, total number of hospitalizations, length of all hospitalizations, length of present hospitalization at the time of testing, intelligence, and occupational level.

Interests were studied by means of the Kuder Preference Record, Form CH. Intelligence was evaluated with the Kent Scale, Form D. Patients were examined individually when their psychoses were in remission. Occupational level was categorized on the basis of a classification presented by Anne Roe in The Psychology of Occupations. Information regarding the other variables was obtained from hospital records.

The study included 120 hospitalized male psychiatric patients. There were 30 patients in each of the four psychotic subgroups. They were in essentially normal physical health and had no significant physical disabilities. All subjects were between the ages of 16 and 60 and were patients at one of two Massachusetts State Mental Hospitals. All subjects were patients who had been acutely psychotic. The non-psychotic norm group consisted of 1000 male telephone subscribers represented on the Kuder profile sheet.

Comparison of the means for the total psychotic group with the means for the normative group on the ten scales of the Kuder Preference Record showed that seven scales differed significantly. (All t's reported as significant are at the 5% level of confidence or better.) The means for the outdoor, mechanical, scientific, and computational scales were lower for the total psychotic group and the means for the literary, musical, and social service scales were higher for the total psychotic group than for the normative group.

Comparison of the means for the catatonic subgroup with the means for the normative group showed that two scales differed significantly. The mean for the musical scale was higher and the mean for the mechanical scale was lower for the catatonic subgroup than for the normative group.

Comparison of the means for the depressed subgroup with the means for the normative group showed that six scales differed significantly. The means for the outdoor, mechanical, and scientific scales were lower and the means for the literary, social service, and musical scales were higher for the depressed subgroup than for the normative group.

Comparison of the means for the paranoid subgroup with the means for the normative group showed that two scales differed significantly. The mean for the mechanical scale was lower and the mean for the literary scale was higher for the paranoid subgroup than for the normative group.

Comparison of the means for the schizo-affective subgroup with the means for the normative group showed that three scales differed significantly. The means for the literary and musical scales were higher and the mean for the mechanical scale was lower for the schizo-effective subgroup than for the normative group.

The correlations of the interest scales and the variables for the total psychotic group showed three significant relationships. Age is related negatively to scientific interest ($-.32$), education is related positively to literary interest ($.26$), and length of present hospitalization is related negatively to literary interest ($-.61$).

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WRITE Articles, and WRITE Digests (see page 158)

REHABILITATION NEWS

News Across the Nation

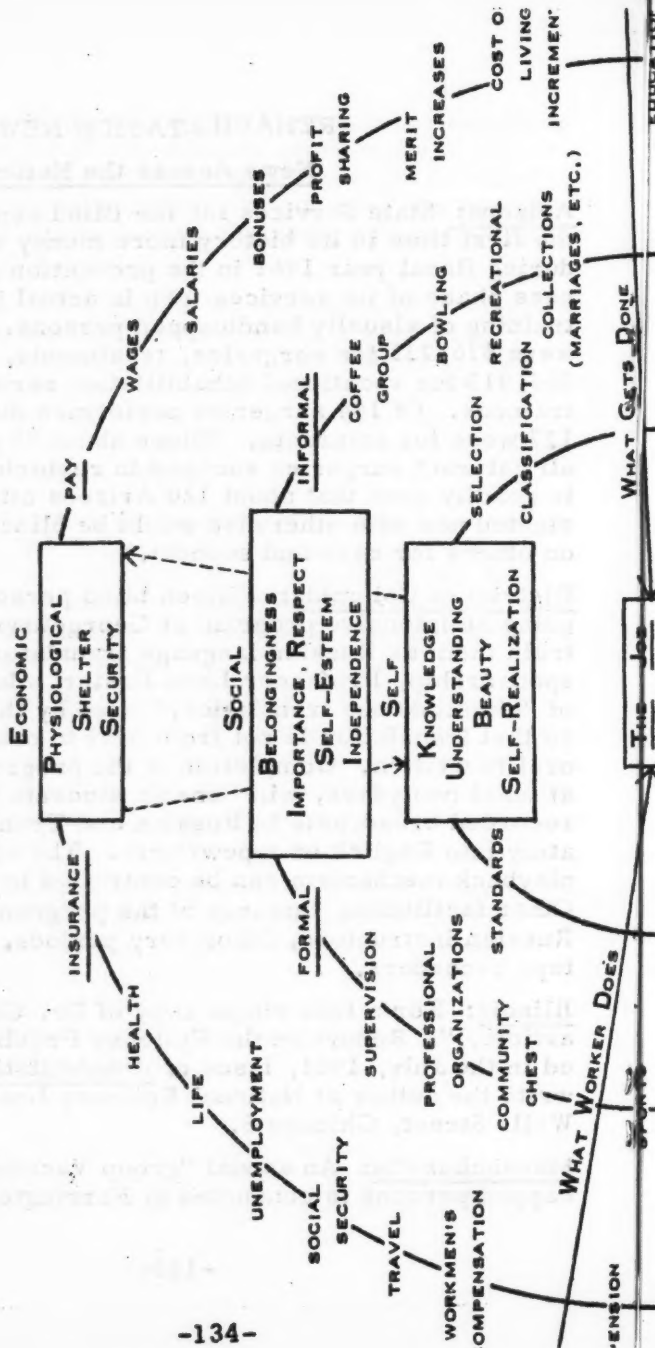
Arizona: State Services for the Blind reports that for the first time in its history more money was spent during fiscal year 1961 in the prevention of blindness phase of its services than in actual job-training of visually handicapped persons. The totals were \$76,731 for surgeries, treatments, etc., and \$64,913 for vocational rehabilitation services to trainees. Of 184 surgeries performed during the year, 127 were for cataracts. "Since about 95 per cent of all cataract surgeries succeed in restoring sight, it is readily seen that about 120 Arizona citizens are sighted now who otherwise would be blind and dependent on others for care and support."

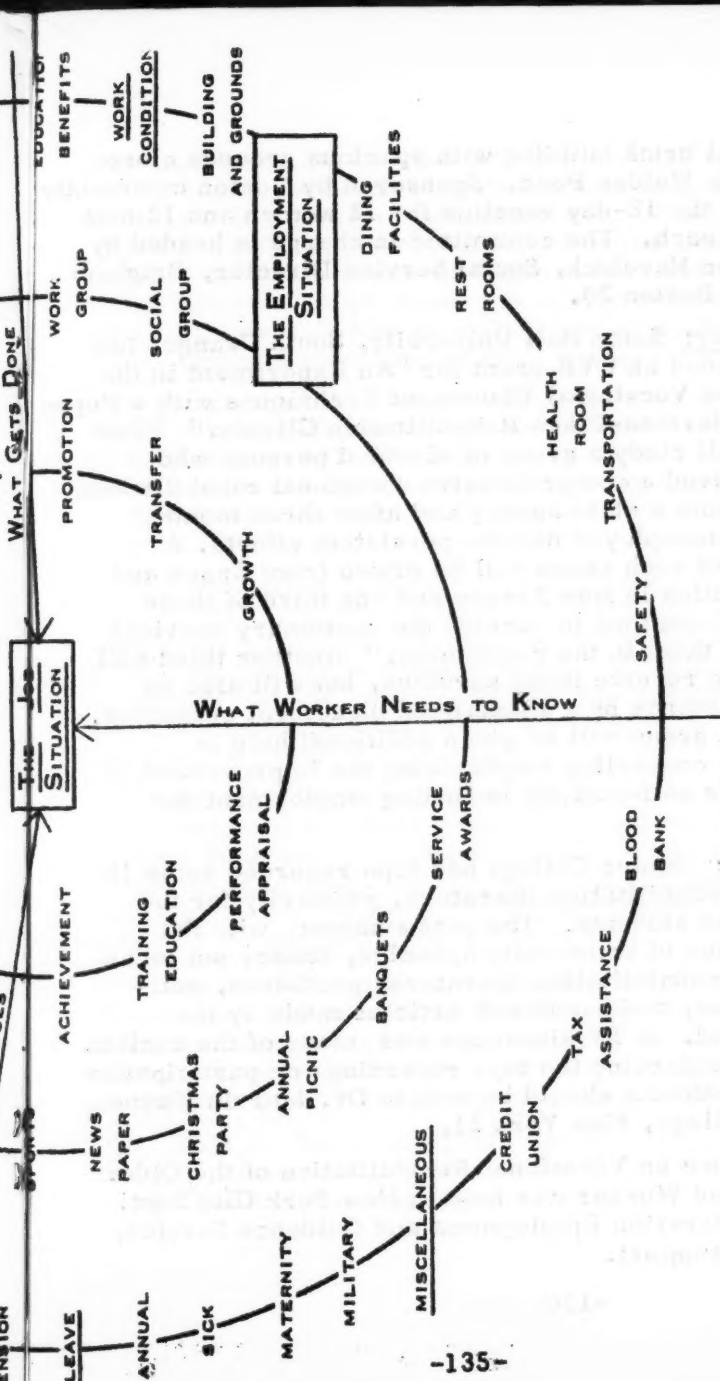
District of Columbia: Fifteen blind persons are undergoing an intensive program at Georgetown University to train them as Russian language translators. With OVR sponsorship, Professor Leon Dostert adapted his system of "simultaneous translation," used by the United Nations, so that translation is not from oral to oral but from oral to written. Completion of the program, to run at least two years, will enable students to listen to recorded broadcasts in Russian and Transcribe immediately into English on typewriters. The speed of the playback mechanism can be controlled by the students. Other facilitating features of the program are native Russian instructors, laboratory periods, and individual tape recorders.

Illinois: For a free single copy of Dr. George N. Wright's article, "A Report on the Epilepsy Problem," which appeared in the July, 1961, issue of Rehabilitation Literature, write the author at National Epilepsy League, 208 North Wells Street, Chicago 6.

Massachusetts: An annual "group Vacation" for 24 handicapped persons is conducted at Farrington Memorial, a

HOW WORK MEETS THE NEEDS OF WORKER





substantial brick building with spacious grounds close by historic Walden Pond. Sponsored by Boston community agencies, the 12-day vacation for 12 women and 12 men costs \$36 each. The committee in charge is headed by Mrs. Ellen Havelock, Social Service Director, Brigham Hospital, Boston 20.

New Jersey: Seton Hall University, South Orange, has been awarded an OVR grant for "An Experiment in the Use of Two Vocational Placement Techniques with a Population of Hard-to-Place Rehabilitation Clients." "This project will study a group of disabled persons who have received a comprehensive vocational rehabilitation service from a state agency and after three months are still unemployed despite persistent efforts. A sampling of such cases will be drawn from Essex and other counties in New Jersey and one third of these cases will continue to receive the customary services offered to them in the community." Another third will continue to receive these services, but will also be given assistance by a specialized placement counselor. "The final group will be given additional help in placement counseling emphasizing the improvement of the client's self-activity in finding employment for himself."

New York: Hunter College has tape recorded some 15 items of rehabilitation literature, primarily for the use of blind students. The past summer, with the participation of community agencies, Hunter put on an exhibit of rehabilitation literature, prostheses, self-help devices, and handicraft articles made by the handicapped. A TV kinescope was made of the exhibit. Inquiries regarding the tape recordings or participation in future exhibits should be sent to Dr. Marvin Wayne, Hunter College, New York 21.

A conference on Vocational Rehabilitation of the Older Handicapped Worker was held in New York City Sept. 7-8 by Federation Employment and Guidance Service, with OVR support.

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The Rehabilitation Department of Riverside Hospital, in the Bronx, is developing the use of group approaches such as role playing of job interviews. Two rehabilitation counselors, Mrs. Janet Strong and Lester Lefkowitz, use techniques of this type, each session being taped and later discussed at staff meetings. The staff is also developing Differential Aptitude Tests norms for adolescent drug users.

July 1st marked the completion of 40 years of vocational rehabilitation services in New York State. New Director of DVR is John Cummings, who previously served as Assistant Director and Acting Director. New address of DVR's Central Office is 162 Washington Avenue, Albany 10.

"A Multidiscipline Approach to Rehabilitation in Parkinsonism" is a report of a three-year OVR project based upon two neurosurgical techniques known as chemopal-
lidoectomy and chemothalamectomy. Written by Dr. Irving S. Cooper and Dr. Manuel Riklan, the monograph is available from St. Barnabas Hospital for Chronic Diseases, 3rd Ave. & 183rd St., N.Y. 57.

"A Program of Pre-Vocational Preparation and Evaluation for Patients of the State Department of Mental Hygiene," a paper presented by Gerald Kissin and Dr. Donald M. Carmichael at the 117th annual meeting of the American Psychiatric Association, is represented by an abstract in Mental Hospitals, June, 1961.

Dr. Else B. Kris, who is conducting research for the State Department of Mental Hygiene on prevention of rehospitalization through relapse-control in a day hospital facility, authored "Mentally Ill Re-Adapt to Their Communities," Rehabilitation Record, March-April, 1961.

Mrs. Ruth R. Green and Mrs. Dorothy Noto are engaged in the two research projects at the New York League for the Hard of Hearing reported in the June issue.

Rhode Island: The 14th Annual Regional Conference of National Rehabilitation Association, held in June, included talks by Congressman Fogarty and Mary E. Switzer and discussions concerning integration of special education, guidance, and rehabilitation; rehabilitation as part of nursing home service; and organization of the community to meet the needs of multi-handicapped persons. A verbatim report of the proceedings, which also featured panels on mental illness, juvenile delinquency, and mental retardation, may be obtained from DVR, Roger Williams Building, Providence 3.

Texas: An OVR grant has been awarded Texas Rehabilitation and Research Center, in Houston, to provide services to DVR clients referred by OASI.

International Developments

Rehabilitation in Portugal

Margaret E. Condon, Counselor of Physically Handicapped Students, City College of New York

(This paper is based on Dr. Condon's visit to Portugal in 1960 and on the two sources listed at the end.)

It is estimated that of Portugal's population of about nine million, 90,000 are physically handicapped. This figure does not include the mentally retarded. The largest categories include the post poliomeletic, blind and partially seeing, deaf and hard of hearing, tubercular, and diabetic.

In Portugal most schools for the disabled are residential except for two small day schools in Lisbon, one for cerebral palsied children and one for the partially sighted. The latter provides elementary instruction, sensory training, motor training, special gymnastics, and orthopedic treatment. Both schools

were established in 1958.

There is no compulsory law requiring attendance at school of those unable to travel. Since the compulsory school law for non-handicapped has been in existence only ten years, it is too early to expect the extension of this law to physically handicapped persons. In time, a voluntary organization may have the financial means to transport these persons to and from day schools.

Many organizations are at work in Portugal to improve facilities for the physically disabled. Among these is the Sociedade Portuguesa de Medicina Fisica e Recuperacao under the direction of Dr. Alves Andrea. The Foundation Raquel Martin Sain, founded in 1959, offers services of a vocational and social nature for the blind adult. The American Foundation for Overseas Blind is cooperating with many other agencies to help supply equipment such as transcribers for the blind. There are also institutes for rheumatology and cardiology maintained through voluntary effort, as well as sanatoria for children with tuberculosis of the bones and joints and one for children who have had poliomyelitis.

The Institute Jacob Rodrigues Pereira in Lisbon cares for the deaf. There are 180 resident and day pupils enrolled. A very competent staff accomplishes excellent work vocationally and psychologically with these students. The hearing equipment for testing is modern as is the testing for vocational purposes. This center has a workshop for persons over 14 who wish training in a trade. Hearers and non-hearers learn side by side. The art work and carvings done by the children in this school are superior. In the summer of 1960 much of the work centered around the theme of Henry the Navigator. As they worked in silence with their paints, clay, and wood, the children could see from the windows of their classrooms the water which inspired Henry to make his plans for Portugal's greatness at sea.

There are two schools for the blind in Lisbon and one each in Oporto, Portalegre, and Funchal. These are supported by the Ministry of Social Welfare and various charitable institutions. A central Braille printing plant has been opened at Oporto and soon all types of embossed literature will be available for the adults as well as the blind now in school. Many blind are taught to play instruments and receive money by playing in cafes or on the various avenues, and as the people pass by they drop coins in their trays.

Many blind and other handicapped persons sell lottery tickets. These cost about 41 cents and the money is being used to establish the first rehabilitation center at Misericordia de Lisboa. It was expected to be ready for occupancy by early 1961. With its completion, a new era in rehabilitation will open in Portugal, as this will be a center with modern facilities for all types of physical disabilities. Physiotherapists and occupational therapists will be ready to go to work, as a training program for therapists was instituted here in 1958. In addition to this modern rehabilitation center, a smaller one is planned for Oporto and one for Figueria da Foz.

Portugal is moving forward with its rehabilitation program. With trainees returning from abroad, prosthesis shops will eventually be operating. Speech therapy is being introduced. Modern procedures in general are being initiated.

****Here are Dr. Condon's two sources****

1. Rehabilitation of the Disabled in Thirty-Seven Countries of the World (Senate Report No. 1038, 86th Congress, 2nd Session). Washington, D.C.; U.S. Government Printing Office, 1960.
2. Taylor, Wallace W., & Taylor, Isabelle W. Special Education of Physically Handicapped Children in Western Europe. New York: International Society for Rehabilitation of the Disabled, 1960.

DIGEST FOR REHABILITATION COUNSELORS

Co-editors

Henry Gwaltney
Marquette University

John E. Muthard
University of Iowa

The Development of a Group Counseling Program in a Clinic for Retarded Children

Goodman, L., & Rothman, Ruth. American Journal of Mental Deficiency, 1961, 65, 789-795.

Since the retarded child has relatively few secondary group contacts, the role of the parents becomes highly important in providing an environment which facilitates development of abilities to their maximum. An analysis of services provided by the Retardation Clinic of the Flower Fifth Avenue Hospital revealed that some parents failed to participate meaningfully in treatment programs for the child and resisted offers of individual case-work help.

The mothers accepted the reality of their child's retardation, but were unable to utilize their capacity for mothering to obtain personal satisfaction for themselves and positive benefits for their children. Two different sets of factors appeared important; some could not adapt their efforts to provide learning opportunities for the child, while others could not resolve an emotional impasse created by their altered self-concept as the mothers of retarded children.

It was decided to use group counseling techniques with two groups of mothers; those with young children who had completed the clinic evaluation process, and those whose children were entering or at adolescence. Mothers of young children who entered such groups have more readily accepted the diagnosis of retardation

than mothers who did not. Parallel counseling groups for retarded adolescents and their mothers have been helpful in creating the acceptance of the retardate as an individual approaching adulthood.

The group process approach has also been used successfully with Spanish-speaking Puerto Rican mothers who resisted services on an individual basis as alien and strange.

After the success of these programs, group counseling techniques are now being used experimentally during the intake process with both parents (in groups of twelve to fourteen) to orient them to the functions of the clinic. A secondary value is that parents receive support from each other at this critical point.

In forming groups, emphasis is placed on assisting mothers in dealing more effectively with their child. - Moreover, while the mothers know that the group counselor is prepared to offer the collaborative content of the clinic's findings, the group offers an opportunity to deal with emotional conflicts. The group members also find support and help from each other in a range of problems varying from community rejection to sibling relationships. Finally, the group provides mothers with an opportunity to discuss the successes of their children in a manner impossible when interacting with parents of normal children.

Fifteen counseling groups for mothers have been organized during the past three years. The formation of similar groups for fathers and mixed couples has been planned. While group counseling is not a replacement for individual counseling, it does provide an additional level of service for selected families and it offers unique possibilities as a treatment method not only for parents of retarded, but for parents of all handicapped children.--A.J. Shafter

Blind College Students in New York State

Condon, Margaret E. New Outlook for the Blind, 1961
55, 211-216.

In 1960, 168 institutions of higher education in New York State were sent questionnaires requesting data on services to blind students. Ninety-eight colleges responded, of which twenty-four enrolled blind students. Nineteen of those enrolling no blind students made comments which are included in the study.

The types of services to blind students reported by the twenty-four respondents were: reader's services, 24 institutions; cooperation with outside agencies to have materials taped, 16; typewriters made available, 10; exams given by readers, 19; small reading cubicles, 6; soundproof reading rooms, 3; soundscribers available, 13; campus service group puts material on tape, 2; early registration, 12; cabinets for storing equipment, 14; assistance with vocational problems in cooperation with VR agencies, 21; psychological help, if needed, 17.

In all colleges, blind students were reported to attend the same classes as the sighted and their achievement is evaluated by the usual college standards. In 19 of the 24 colleges, blind students participate in extracurricular activities.

From the comments made by the institutions answering the questionnaire, the following observations are offered:

1. Colleges of engineering and science replied that it would be dangerous to admit blind persons.
2. Institutions preparing students for the Roman Catholic priesthood do not admit candidates who are blind.
3. One agricultural and technical institute, based upon its previous experience with blind students, feels that the areas of training offered are not suitable for

this group.

4. A number of these institutions had not had previous experience with blind students, and were not certain as to whether they could be accommodated.

It was concluded that: "Except in rare instances, such as in technological institutes, the blind student is not precluded from entering the field of his choice. He is encouraged to participate in all activities of the college as is a sighted student. Most colleges feel that these students should be absorbed into the college life like any other student and exceptions should be made only when necessary to carry out their aims. Orientation on the campus is necessary until the person becomes accustomed to it; readers are also a necessity to the blind person."

"Many of the colleges . . . do not realize the extent of the psychiatric and other help available from the Vocational Rehabilitation Service." --H. Rusalem

Post School Adjustment of Former Educable Retarded Pupils

Dinger, J.C. Exceptional Children, 1961, 27, 353-360.

The purpose of this study, conducted at Altoona, Pennsylvania, was to determine positive adjustments made by former pupils of classes for the educable retarded. A random sample of 614 names of former pupils from the 1500 recorded in the special education files was selected. This group was then narrowed to 333 files which provided the necessary information. The first 100 individuals found at home determined the study sample. In interviews discussion centered around family living conditions, education, military service, occupations, marital status, finances, and leisure time activities for the purpose of obtaining the subjects' opinions on the content of a proposed curriculum for retarded people. A visit was also made

to each retarded person's job.

It was concluded from the study that adult retardates are capable of successful occupational adjustment to unskilled and semi-skilled jobs which have few academic requirements, though personal characteristics are most important. As far as an economic adjustment is concerned, the majority have jobs which enable them to be self supporting. They have developed practical procedures for dealing with financial problems and use the instruments of finance to varying degrees. In the areas of social adjustment the retarded's spouses and children often demonstrate mental abilities superior to their own. The percentage of law violators found was low and considerably less than reported in previous studies. The determination of whether these adults are still retarded depends upon whether adult criteria or criteria for school age children are used.

Several recommendations concerned distinct areas of school system operation. It was recommended that administrators must develop a greater acceptance of the retarded by faculty, employers, and the public. A great need exists for recognizing the achievement of retarded students in relationship to their potential for learning. There is a need for developing more complete longitudinal concepts of the retarded. Recommendations concerning curricular implications included the need for realization of the diversity of requirements made on retarded persons and for developing unit-type curriculum to provide the practical application of the academic skills learned. Unit-type courses might be such courses as aptitude testing, using banking services, job opportunities, dating, and knowing the rights of citizens. The desirability of the retarded employee to develop personal-social characteristics valued by employers such as promptness, dependability, and courtesy was recognized.

The author concludes that such studies as this one can be useful only if periodic re-evaluation and modification of future programs are made.--M.E. Ramussen, Jr.
(JEM)

Improving Poor Work Adjustment Through Psychodiagnostic Evaluation

Brophy, A. L. & Horowitz, Paula. Mental Hygiene, 1961, 45, 46-52.

Emotional problems have been recognized as one of the greatest hinderances to satisfactory work adjustment. This has caused an interest on the part of management in those employees who appear to be performing inadequately on their jobs because of personality disturbances.

The study is based on a program operated by the U.S. Public Health Service Outpatient Clinic, Washington, D.C. This clinic has a function of doing "Fitness for Duty" (FFD) examinations for Federal employees. These examinations are given when the employee has a serious physical or mental problem interfering with his work performance. They determine the nature of the illness and what course of action is indicated.

The subjects were 50 cases seen between July, 1955, and September, 1957, and included all psychiatric FFD cases during that period. There were 20 men and 30 women. The median age was forty-two years. All of them had some high school and 34% had some college. Most of the patients were referred within a few months after the first manifestations of serious work problems, but a fairly large number were referred after a longer period had elapsed.

Nineteen patients were diagnosed as psychotic, paranoid schizophrenia, fifteen as having personality disorders; three psychoneurotic; and one each of chronic brain syndrome and paralysis agitans. Eleven were found without a disabling emotional problem.

The evaluators worked for a balanced view of assets and liabilities. This revealed strengths of the employee that hadn't been recognized, but could improve work adjustment. Lack of a conflicting allegiance

was felt to be very important. Thirty-one patients were found fit for duty with or without qualifications, and the remaining nineteen were found unfit for duty. Twenty-one were without qualification.

The fifty referred for FFD examination were almost all on the verge of being forced into retirement. An integrated view from social work, psychology, and psychiatry found 62% adequate to continue working. A follow-up found half of the 50 cases gainfully employed nine months after their evaluation. This group included 24 of the 31 persons found fit for duty. A follow-up questionnaire found a small number of the employed subjects unsatisfactory in their work adjustment, but most of them adjusting adequately.--
M. Sievers

A Method for Evaluating Psychosocial Adjustments of the Chronically Ill

Shontz, F.C., & Fink, S.L. American Journal of
Physical Medicine, 1961, 40, 63-69.

Because psychosocial factors were considered important determinants of patient post-hospital medical status, an instrument was developed to estimate quantitatively the psychosocial status of patients suffering from chronic diseases. The sample consisted of patients discharged from Highland View Hospital in Cleveland, Ohio.

A Q-sort rating scale was used to provide a quantified description of a patient as judged by the professional worker. The Q-sort technique involves a series of descriptive statements which refer to aspects of the patient's behavior. The statements, written on a prescribed number of cards, are sorted so as to form a forced normal distribution.

Items for the rating scale were selected for three general areas; each area was subdivided into four di-

mensions. A dimension consisted of a triad of items logically related along a continuum. The headings for the areas and dimensions are:

1. Motivation: a. cooperativeness, b. comprehension of illness, c. activity level, d. self appraisal of capacities.
2. Social adjustment: a. dominance, b. acceptance, c. dependence on others, d. affective relations.
3. Personal adjustment: a. acceptance of disability, b. emotionality, c. intellectual organization, d. reaction to frustration (blame placement).

Correlational studies were done to determine: 1) interrater reliability--"the degree to which independent raters could be expected to agree in their evaluations of typically chronically ill patients"; and 2) interrater consistency--the degree to which the ratings of two different patients differentiate between the two subjects when rated by the same physician.

Concerning interrater reliability, when necessary rating conditions were met (two years' experience working directly with the chronically ill and adequate interview data concerned with the particular patient), a median Pearson product moment correlation of about .60 was found. "Very satisfactory" results were obtained in the intrarater consistency pre-tests.

A comparison of the Q-sort descriptions of two groups of patients indicated significant differences between the groups, in the expected direction, at the .001 level of probability. One group consisted of 20 hemiplegic patients generally described as "unrealistic about their disabilities, inactive, dependent, immature, tense, rigid, and unaccepting of their real situations." The second group was composed of 20 patients admitted for the treatment of fractures only and generally described as "realistic, active, independent, adaptable, and accepting of their disability." It was found that when both physical and psychosocial factors were considered in evaluating success or failure in rehabilitation, "hemiplegics appear to fall

short of the desired goals far more frequently than fracture cases, at least in the eyes of the workers.

It was concluded that the Q-sort rating instrument described can, with reliability and some assurance of validity, aid in the evaluation of the psychosocial status of chronically ill patients. "The instrument, when employed as a criterion of success in rehabilitation, is best used in conjunction with an independent criterion of physical status."--P.R. Salomone (JEM)

A Project on Resocialization of Patients in a Mental Hospital

Brandon, M.G., & Jackson, E.B. "The Team Concept";
Morgan, Patricia M. "Use of Group Work Techniques";
How, J.L., & Eaton, Jean. "Adjustment after Release";
Social Casework, 1961, 42, 55-70.

The articles derive from a Public Health Service research grant to Menninger Foundation for a resocialization project in the Osawatomie State Hospital, Osawatomie, Kansas, 1959-1961. The overall aim of the project is to formulate a conceptual framework for the rehabilitation of the mentally ill. The project was designed to provide a program of resocialization and study of the results, beginning in the hospital and extending to the community for one year after the patient leaves.

The concept of the team is defined in broad terms: Personnel in the hospital in all departments, project caseworkers in contact with county welfare offices, a technical advisory committee composed of heads of various social agencies and members of Kansas University School of Social Work, and volunteers in an experimental ward to stimulate use of volunteers by private and public agencies serving the mentally ill in their readjustment to community life.

An experimental group and a control group, without

selectivity, consist of referrals from the hospital social service department; the project staff has no contact with the control group, released through regular hospital procedures. The project staff includes the project director, a psychiatrist, three social workers, and four psychiatric aides. This team evaluates the patient after eight weeks on an experimental ward, using a social adjustment rating scale with established validity for in-hospital patients. The experimental ward was organized to stimulate as nearly as possible the living situation outside of the hospital: having a private room, making choices about decorating and arranging it, becoming involved in various group activities with free expression of opinions and otherwise participating in group relationships.

The resocialization plan is a continuous program in working with patients ready for discharge, which includes group sessions, planned community activities, casework with patients and their families, and follow-up visits to assist in social adjustment for three categories of patients: 1) independent living alone, 2) independent living with family, and 3) family care (living in homes other than their own). Activities to supplement group discussion include shopping tours, visits to businesses and restaurants, places of historical interest, attendance at church, and limited vocational training, hobby development, etc., requiring utilization of social skills necessary for normal living. Follow-up services to patients and families are provided for one year after patient release.

The group work aspect of the project was designed to develop ego strengths and to use activities directed toward enhancing healthy aspects of patient personalities, to encourage good judgment, ability to plan and to make choices, and adapt to changing circumstances through learning by doing.

Major adjustment problems of patients while in the experimental group were those related to the patient's family's understanding of his illness and those related

to the community's readiness to help in completing "collaborative leave planning,"

Problems after release primarily involved the patient's difficulty in relating to others, financial need and money management, and patient's continued use of medication. In follow-up with patients a few trends are evident: there are considerable benefits in contacts with patients and collaterals in their homes and at places of employment in obtaining cooperation, in lessening fears, and in resolving problems before they reach serious proportions. Patients living in nursing homes after release require the least amount of supportive follow-up while patients living alone require most if they are to achieve adequate social adjustment.

Seventy-four patients released in the experimental group had nine readmissions and sixty-four patients in the control group had eighteen readmissions. Of those categorized as "independent Living with Family" only three were readmitted from the experimental group compared to twelve from the control group. Among those readmitted in both groups, those in the control group remained outside the hospital for an average of 3.3 months while those in the experimental group had an average outside of 5.1 months.--

W.A. McCauley

Can Retarded Adults be Treated?

Gootzeit, J. & Lombadro, A. Journal of Educational Psychology, 1960, 33, 326-332.

The article is a description of the rehabilitation work done at the AHRC Workshop and Training Center at White Plains, New York. Chiefly, the thesis of the work done at this center is that the retarded adult's receptiveness to vocational and skill training is increased by his psychosocial and psychophysiological treatment. The authors indicate that service to the retarded is too often limited to diagnosis,

institutionalization, and classes for the higher functioning retarded child, and that counseling and analysis are thought to have little meaning for the retarded.

Some work for the retarded adult is done along the lines of the sheltered workshop treatment. Here, the workshop usually functions either as a care-center which occupies clients with contract work or serves to screen out the retarded who can be trained and placed in competitive industry or in sheltered contract work. In either case the clients who cannot meet the minimum production standards are not serviced and vocational treatment work-skills dominate the objectives of the workshop.

The typical pattern of such treatment takes the form of 1) evaluating the client to ascertain the nature of his skills, 2) training him in his work aptitude areas, and 3) placing him selectively if, by exposure to work and training, job placement seems feasible.

According to the authors the work done at White Plains indicates that "when the major effort is along vocational lines alone, very few retarded clients move beyond what exposure to work alone would accomplish." However, psychosocial and psychophysiological treatment changes the client's ability to respond to training. "We find that the more 'holistic' we treat the client the greater his skill and productive movement."

At White Plains the "holistic" approach includes evaluating each client according to the following questions:

1. How much of a skill deficit is due to disuse (non-use) of a muscle or nerve?
2. How much sensory-motor incoordination is due to disuse?
3. Is a client's inability to pay attention or concentrate due to disuse factors, or maldevelopment,

or some social problem at home; or have social attitudes and persecution caused such low-frustration-tolerance levels in many retarded clients that they withdraw or become aggressive quickly and fail to pay attention?

The center offers casework, counseling, and other services beyond "Diagnostic Evaluation and Personal Adjustment Training" to its clients. To illustrate concretely how the facilities are employed in the "holistic" approach to rehabilitation, a detailed case history is presented.--P. Newton

Ratings of Employed and Unemployed Mentally Handicapped Males on Personality and Work Factors

Warren, F.G. American Journal of Mental Deficiency, 1961, 65, 629-633.

The study was conducted to determine whether certain specific and general factors were instrumental in the employment or unemployment of a group of mentally handicapped males, and to validate a rating scale of these factors which is currently being used to evaluate vocational potential.

Thirty-eight subjects were enrolled in the Employment Evaluation and Training Project of Southern Illinois University, Carbondale, Illinois, and were diagnosed as mentally handicapped by a qualified psychological examiner. They were placed in the program by D.V.R. because of an inability to compete successfully in vocations in their home communities, and were then placed on several different jobs in the Carbondale area for a period of three weeks on each job.

Upon terminating the job period, supervisors were requested to complete a rating sheet on the subject's performance. The specific part of the rating scale dealt with personality, social adjustment factors (self-confident, cooperates with supervisor, cooperates

with other employees, respects supervisor, minds own business, accepts criticism, mixes socially with other employees, neat and clean, and other), work habits, and efficiency factors (on time, safety conscious, careful with materials and property, completes work on time, quality of work, understands work, shows initiative, and other). The general part of the rating scale consisted of a total personality, social adjustment, work habits, and efficiency factor, and a statement concerning the probability of the supervisor's hiring the subject if a job were available and the subject were in competition with "average" applicants.

Since each subject was placed on more than one job, a composite rating on each factor was determined by computing the mean of the ratings for that factor. A comparison was made between one group designated as the "employed Group" (27 subjects) and a second group designated as the "unemployed Group" (11 subjects). The term "employed" was defined as having secured a job either full time or part time, or as having entered into advanced training that would lead to a job within one month after leaving the Project.

A statistically significant difference was found in favor of the Employed Group for the following specific factors: self-confidence, cheerfulness, cooperation with supervisor, cooperation with other employees, quality of work, understanding work, and showing initiative. The difference was also significant in favor of the Employed Group for the general or total factors: personality, social adjustment, work habits, efficiency, and probability of permanent employment.

The findings indicate that all the total factors clearly differentiated between individuals who subsequently became employed and those who did not. It appears that the supervisors who rated the subjects could pick out which individuals they would not hire. These subjects without exception failed to become em-

played even after being exposed to the training program.

These results show definite factors which seem to be important in the employment or unemployment of the mentally handicapped males studied. They suggest that the rating scale is a useful predictor of potential employment.--Jeanne A. Smith (JEM)

The Social Service Interest Roadblock and Road to Creativity

Grater, H.A., Kell, B.L., & Morse, J. Journal of Counseling Psychology, 1961, 8, 9-13.

This paper is one in a series of three on research in counseling and education of the counselor which the Editor of the journal regards as having "more originality than much of our research." Pepinsky, in a comment, describes the article as "embarrassingly self-revelatory" and agrees with the authors that "the unique contribution of many of the more sensitive insightful clinicians, those nurturant people who are most often in service positions, has not been as available as it should have been in theory building and research." The authors attempt to explain the reasons for the lack of research in the counseling area and how the deficit may be compensated. While the service demands partially account for this, they believe that the dynamics are deeper.

The social service interest, presumably, is the basic motivation for the counselor. This interest on need often develops out of the parent-child relationship, in which the child has "learned that he can obtain positive emotional response from the parent by his nurturant activity." This may involve the denial of his own needs so that as an adult it will be evidenced in a "controlled reticence about expressing personal needs and a reluctance--perhaps an inability--to make demands on other people or to express in in-

ter-personal relationships the 'take' in 'give and take' until some service has been rendered to the other person."

In the nurturing process there is a paradox, therefore, as it is basically a unilateral relationship. While there are many satisfactions, the counselor in such a relationship must suppress his own needs and expressions, deriving these satisfactions from meeting the needs of others. The expression of the nurturant need is further suppressed by the requirements of the professional role. This produces a certain amount of isolation, emotional distance, and loneliness. Research may threaten such a person because it removes him further from the relationship he has established with people.

The authors hypothesize that research done in groups, in which there is a give and take of ideas, would compensate for the anxiety produced by creativity. "Let us not apologize for the fact that we need each other; it is our basic nature," they conclude.

Pepinsky comments that many counseling psychologists are not disposed to write about what they are doing, or may not organize or state their ideas clearly. Lack of recognition and reward for high level artisanship as a counselor may also be contributing factors.--Ruth M. Oltman

Preliminary Report of Evaluating and Classifying the Vocational Potential of the Cerebral Palsied

Matchek, O., & Collins, H. Archives of Physical Medicine and Rehabilitation, 1960, 41, 434-437.

In 1957, a Work Classification and Evaluation Project was established at the Buder Youth and Adult Center in St. Louis, Missouri. The purpose of this project is to evaluate and classify the vocational potential of the cerebral palsied adults. All candidates

are evaluated by the physiatrist who serves as medical supervisor of the project. The cases are then reviewed for admission by a committee of staff members. Admission criteria are: 1) there must be a specific diagnosis of brain damage which creates a vocational handicap, and if there are seizures, they must be under control, and 2) there should be reasonable assurance that the individual can function within the project environment. While there is no restriction as to the cause of the brain damage, all clients must be eligible for diagnostic evaluation by a state vocational rehabilitation agency.

The client's classification and evaluation period is seven weeks in length. Orientation, psychological testing, speech evaluation, and determination of basic manual dexterity are included in the first week's activities. The client is evaluated by a team composed of a vocational evaluator, an occupational therapist, a vocational counselor, a speech therapist, and a physiatrist. Areas of exploration are: 1) basic manual dexterity (placement and manipulation of various items); 2) basic vocational tools (use of hammer, pencil, screw driver, and scissors); 3) basic academic skills (reading, writing, arithmetic, and handling money); and 4) basic vocational equipment (use of motor buffer, drill press, and sewing machine). The 77 job samples in fourteen categories may be expanded to advanced areas and are adaptable to the individual needs of the clients.

Four classifications are used for the client: 1) the individual is ready for direct placement in a given type of job as shown by performance; 2) the individual is recommended for training in a specific job area as shown by performance; 3) the individual is recommended as having sheltered workshop potential at the time of evaluation; 4) the individual at this time is not feasible for vocational rehabilitation.

Data based on twenty-nine clients who have completed the program suggest that I. Q. and job sample per-

formance are not the most important prognostic factors. Individuals with a high I. Q. did not necessarily perform at a higher level. The psychosocial considerations such as emotional stability and motivation are of greater importance. The primary factor has been found to be the "adequacy of the individual."

It appears from this program that persons from smaller communities and those who had less agency exposure during childhood do better and adjust more readily to the project. If an individual has a low level of maturity, a lack of self-acceptance, and an unrealistic attitude toward employment, his chances for vocational rehabilitation are lowered. The tensions of competitive employment seem to increase musculo-skeletal and emotional defects. This indicates that a sheltered workshop is the most realistic goal for the majority of the cerebral palsied population served by this project.--Jeanne A. Smith (HG)

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Additional volunteers are needed to digest journal articles for the Digest for Rehabilitation Counselors. The success of the Digest depends upon the active involvement of the Division's membership.

If you wish to participate in this effort for the rehabilitation counseling profession, let us hear from you indicating your availability and the journals you prefer to examine for articles related to rehabilitation counseling. Please respond to Henry O. Gwaltney, Department of Psychology, Marquette University, Milwaukee 3, Wisconsin.

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and Henry O. Gwaltney

MANUSCRIPTS of articles and letters should be sent, in duplicate, to Dr. Daniel Sinick, Editor, San Francisco 27, California,

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